

Supplemental Application Data Sheet

Application Information

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: CLAMPING DEVICE AND DEVICE FOR

TRANSFERRING LOLLIOPS

Attorney Docket Number:: 2007-1017 4032-1007

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: THE NETHERLANDS

Status::

Full Capacity

Given Name::

SEFERINUS JELLE

Middle Name::

Family Name::

ASMA

Name Suffix::

City of Residence::

VELDHOVEN

State or Province of

Residence::

Country of Residence::

THE NETHERLANDS

Street of Mailing

VAN VROONHOVENLAAN 1A

Address::

City of Mailing Address::

VELDHOVEN

State or Province of Mailing Address::

Country of Mailing Address::

THE NETHERLANDS

Postal or Zip Code of Mailing Address:: 5503 CM

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

| Representative Customer | 00466 |
|-------------------------|-------|
| Number:: | |

Domestic Priority Information

| Application:: | Continuity | Parent | Parent Filing |
|------------------|-------------------|-------------------|---------------|
| | Type:: | Application:: | Date:: |
| This application | National Stage of | PCT/NL2004/000494 | 7/8/04 |
| | | | |

Foreign Priority Information

| Country:: | Application | Filing Date:: | Priority |
|-----------------|-------------|---------------|-----------|
| | Number:: | | Claimed:: |
| THE NETHERLANDS | 1023908 | 7/11/03 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::